ISSUE SLIP STAPLE AREA (for additional cross references) POSITION. INITIALS ID NO. DATE **FEE DETERMINATION** RSD O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW INDEX OF CLAIMS Rejected Allowed lillerference: (Through numeral)... Canceled Appeal Restricted **ीवितर**ित्र Claim Date Final Original

If more than 150 claims or 10 actions staple additional sheet here

(LEFT: INSIDE)

BEST AVAILABLE COPY